

The Omicron Variant of COVID-19 What Homeless Service Providers Need to Know

The <u>Omicron variant of COVID-19</u> is rapidly spreading in the United States, and people experiencing homelessness face an increased risk of infection and severe disease compared to the general population.

Several factors contribute to this risk:

- Rapidly spreading outbreaks continue to occur in high-risk congregate settings like homeless shelters;
- In jurisdictions with data available, people experiencing homelessness have low COVID-19 vaccination rates (18.6-44.5% fully vaccinated as of August 2021). People who aren't up-to-date on their COVID-19 vaccines are at higher risk of disease from the Omicron variant; and
- People experiencing homelessness have been hospitalized for COVID-19 at <u>higher rates</u> than the general population.

As a result, unlike the 5-day isolation and quarantine that the Centers for Disease Control and Prevention (CDC) recommends for the general population, the CDC still recommends a 10-day isolation and quarantine for people experiencing homelessness—regardless of vaccination status. To explore shortened quarantine periods for staff during critical staffing shortages and/or for individual client circumstances, USICH recommends consulting with state, local, and/or tribal health departments. For more guidance on high-risk congregate settings, visit the CDC's Quarantine and Isolation page.

Although rehousing people continues to be an urgent priority, and the American Rescue Plan and CARES Act offer resources for rehousing¹, permanent housing isn't always readily available. In cases where neither rehousing nor non-congregate shelter are an immediate option, the U.S. Interagency Council on Homelessness (USICH), CDC, and other federal partners² recommend adhering to the quarantine and isolation guidance; partnering with state, local, and/or tribal health departments; and following these five strategies:

- 1. Ensure availability of quarantine, isolation, and protective housing spaces.
- 2. Strengthen routine testing.
- 3. Encourage and support vaccinations against COVID-19.
- 4. Maintain mitigation protocols.
- 5. Avoid displacing people experiencing unsheltered homelessness.

¹ Resources from the American Rescue Plan (ARP) and the CARES Act—including the HOME Investment Partnerships (<u>HOME-ARP</u>) Program and the Emergency Housing Voucher (<u>EHV</u>) Program—could help rehouse more people than ever before: <u>up to 211,000 households</u> over the next few years. For more guidance, view HUD's <u>Rehousing Efforts Tools and Resources</u> and this <u>federal webinar on rehousing from COVID-specific non-congregate shelter</u>.

² The departments of Health and Human Services (HHS), Housing and Urban Development (HUD), and Veterans Affairs (VA) contributed to this guidance.

For help implementing these strategies,

- Request HUD technical assistance through the TA portal or by contacting your local HUD Field Office.
- Submit health-center questions to the <u>BPHC Contact Form</u>.
- Email VA's HPO COVID-19 Response Team (VHAHPOCOVID19Response@va.gov).
- Contact your USICH Regional Coordinator.

For funding these strategies, read USICH's <u>Guide to American Rescue Plan Funding That Impacts People</u> Experiencing Homelessness.

For long-term strategies, read the CDC's interim guidance to <u>protect people experiencing unsheltered</u> <u>homelessness</u> and to <u>protect people in homeless service settings.</u>

1. Ensure availability of quarantine, isolation, and protective housing spaces.

Continued availability of quarantine, isolation, and protective housing spaces for people experiencing homelessness has become a challenge in many communities. FEMA Public Assistance can fund COVID-specific non-congregate shelter (NCS), although other funding sources, including Emergency Solutions Grants (ESG-CV) and Community Development Block Grants (CDBG-CV), may also be used. COVID-specific NCS typically refers to temporary accommodation—often provided in hotels and motels—that's used to either:

- 1. Isolate individuals who have tested positive but do not require hospitalization;
- 2. Quarantine individuals who have been exposed to COVID; or
- 3. Protect asymptomatic, high-risk individuals as a precaution. This group could include people over 65 or people with certain underlying health conditions (refer to the CDC's list of underlying medical conditions associated with higher risk for severe COVID-19).

When a client tests positive, providers should coordinate with local health departments to decide whether to keep the client in the shelter. COVID-positive clients should be prioritized for individual rooms and bathrooms and/or rooms and bathrooms designated for groups of COVID-positive clients. If these options aren't available, COVID-positive clients should be transferred to an isolation site.

Helpful Resources:

- Fact Sheet: Public Assistance: Non-Congregate Sheltering Delegation of Authority (FEMA)
- Frequently Asked Questions: Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering (FEMA)
- Memorandum for Regional Administrators, Update to Non-Congregate Sheltering Delegation of Authority
 Public Assistance Program and Policy Guide Waiver, December 16, 2020 (FEMA)
- Federal Funding Priority Order for Non-Congregate Shelter During COVID-19 (HUD/FEMA/CDC)

2. Strengthen routine testing.

While widespread testing—regardless of signs or symptoms—is a key component to preventing transmission in congregate settings, homeless service sites should <u>not</u> require a negative test for entry unless directed by a state or local health authority. Homeless service systems that are struggling to attain tests should coordinate the deployment of testing resources with their <u>state health departments</u>. An additional option to access testing is Operation Expanded Testing (OpET), which can help set up screening testing in homeless service facilities at no cost. More information on OpET can be found through regional coordinating centers: <u>Northeast/Southeast</u>, <u>Midwest</u>, and <u>West</u>. If positive cases are identified, implement facility-wide testing at least weekly with follow-up testing.

Helpful Resources:

- Interim Guidance for SARS-CoV-2 Testing in Homeless Shelters and Encampments (CDC)
- COVID Data Tracker (CDC)
- Biden Administration to Invest More Than \$1.6 Billion to Support COVID-19 Testing and Mitigation in Vulnerable Communities (HHS)
- Performing Broad-Based Testing for SARS-CoV-2 in Congregate Correctional, Detention, and Homeless Service Settings (CDC)
- Directory of State and Territorial Health Departments (CDC)

3. Encourage and support vaccinations.

Vaccines are an effective way to prevent severe outcomes from COVID-19. Breakthrough cases among vaccinated people do occur, but vaccines and boosters are shown to prevent severe illness, hospitalization, and death from variants. It's critical for homeless service staff and volunteers to be vaccinated and boosted as soon as possible, and for clients to be continually encouraged and offered opportunities to be vaccinated and boosted. Communities encountering vaccine hesitancy can consider hiring vaccine ambassadors or utilizing incentives. It's important to note that, while all homeless service staff, volunteers, and clients should be vaccinated as soon as possible, being fully vaccinated or boosted should not be treated as a prerequisite to shelter, housing, or other services.

Helpful Resources:

- Interim Guidance for Health Departments: COVID-19 Vaccination Implementation for People Experiencing Homelessness (CDC)
- COVID-19 Vaccination for People Experiencing Homelessness: Frequently Asked Questions (CDC)
- COVID-19 Vaccine Equity for Racial and Ethnic Minority Groups (CDC)
- COVID-19 Homeless System Response: Vaccine Planning and Distribution (HUD)
- HUD Secretary Fudge, HHS Secretary Becerra Announce Joint Effort to Increase Access to COVID-19
 Vaccinations (HUD/HHS)
- COVID-19 Vaccinations and Testing Toolkit (HUD/HHS)

- Utilizing Incentives to Increase Vaccine Adherence (HUD)
- Vaccine Ambassador Program and Job Description (HUD)

4. Maintain mitigation protocols.

For shelters and other congregate facilities, prevention strategies should include <u>proper</u>, <u>well-fitting masking</u>, physical distancing, cleaning, and adequate ventilation. *Regardless of vaccination status, all homeless service staff*, volunteers, and clients should continue wearing masks and physically distancing.

Helpful Resources:

- Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) (CDC)
- Interim Guidance on People Experiencing Unsheltered Homelessness (CDC)
- Interim Guidance for SARS-CoV-2 Testing in Homeless Shelters and Encampments (CDC)
- <u>Screening Clients for COVID-19 at Homeless Shelters or Encampments</u> (CDC)
- Biden Administration to Invest More Than \$1.6 Billion to Support COVID-19 Testing and Mitigation in Vulnerable Communities (HHS)
- Your Guide to Masks (CDC)

5. Avoid displacing people experiencing unsheltered homelessness.

For encampments and other unsheltered locations, prevention strategies should include access to handwashing facilities and hygiene materials; requirements for outreach staff to wear masks and maintain at least six feet of distance in interactions with clients; and regular assessment of clients for symptoms. Consistent with previous guidance, communities should allow people living unsheltered or in encampments to remain where they are unless COVID-specific NCS or individual housing is available.

Helpful Resources:

- Interim Guidance on People Experiencing Unsheltered Homelessness (CDC)
- Interim Guidance for SARS-CoV-2 Testing in Homeless Shelters and Encampments (CDC)
- Screening Clients for COVID-19 at Homeless Shelters or Encampments (CDC)
- Fact Sheet: Public Assistance: Non-Congregate Sheltering Delegation of Authority (FEMA)
- Frequently Asked Questions: Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering (FEMA)
- Memorandum for Regional Administrators, Update to Non-Congregate Sheltering Delegation of Authority Public Assistance Program and Policy Guide Waiver, December 16, 2020 (FEMA)
- Model Transitions From Non-Congregate Shelter: Joint Recommendations for Assisting People Experiencing Homelessness (FEMA)
- Federal Funding Priority Order for Non-Congregate Shelter During COVID-19 (HUD/FEMA/CDC)

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